

**Arizona Department of Administration
RISK MANAGEMENT SECTION
AUTOMOBILE LOSS REPORT**

STATE AGENCY	Department	Division	Section	AFIS Mail Code	RMS NO. (For RMS use only)
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FACTS	ACCIDENT/INCIDENT LOCATION Street Address/Intersecting Street or Highway No. and Mile Post No.					<input type="checkbox"/> Intersection <input type="checkbox"/> NonIntersection	
	CITY <input type="checkbox"/> Inside <input type="checkbox"/> Outside			County		Weather	
	DATE OF INCIDENT		Day of Week	Hour	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	No. of Vehicles Involved	No. Persons Injured
	MOTOR VEHICLE INVOLVED WITH 1. <input type="checkbox"/> Pedestrian 2. <input type="checkbox"/> Other Motor Vehicle 3. <input type="checkbox"/> Other State Vehicle 4. <input type="checkbox"/> Fixed Object 5. <input type="checkbox"/> Other _____						

STATE VEHICLE	Year		Make		Model		License No.		State		
	DOA Motor Pool Vehicle? (yes or no)		Vehicle No.			Removed To			Removed By		
	DRIVER	Last Name		First		MI	Point of Impact on Vehicle			Est. Cost Repair	
		Address					City, State, Zip			Phone H _____ W _____	
		Job Classification		Department/Division/Section			Drivers License No.		<input type="checkbox"/> Operator <input type="checkbox"/> Chauffeur	Exp. Date	State



OTHER VEHICLE (More than 1 attach sheet)	OTHER VEHICLE		Year	Make		Type		License No.		State	Vehicle No.
	VEHICLE		Removed To			Removed By			Point of Impact on Vehicle		Est. Cost Repair
	OWNER		Last Name		First		MI	Address		City, State	Phone H _____ W _____
	DRIVER	Last Name		First		MI		Address		City, State	Phone H _____ W _____
		Insured By				Drivers License No.				Exp. Date	State

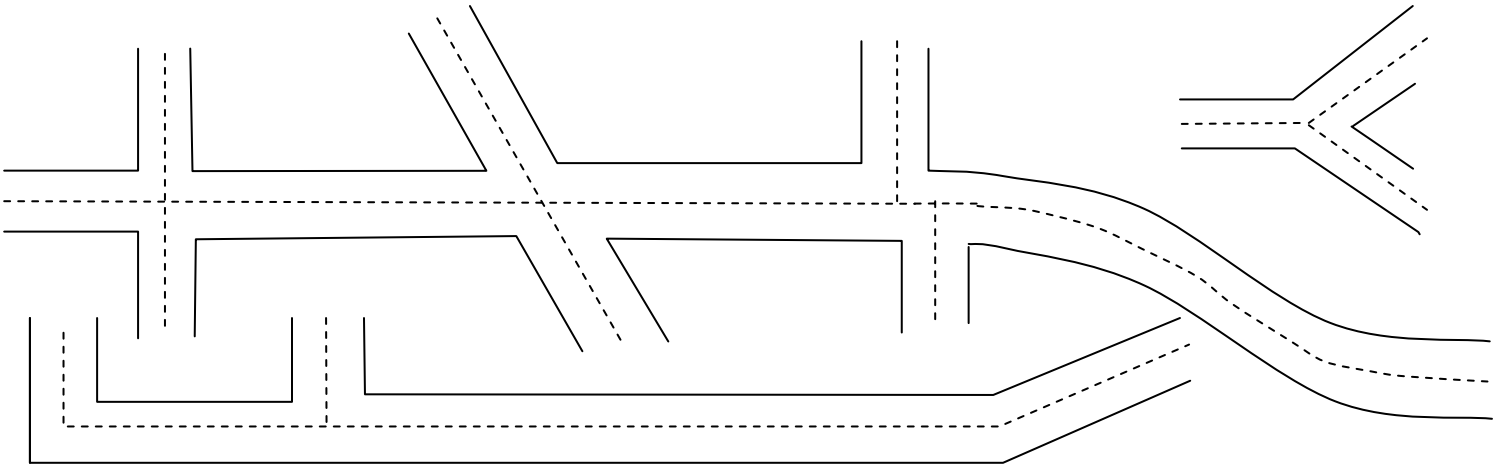
PROPERTY DAMAGE	To Property of Other Than Vehicles									Est. Cost Repair
	Name and Address of Owner of Property									

INJURIES	Last Name					First					MI					Address					Phone H _____ W _____				
	Description of Injury																								
	Last Name					First					MI					Address					Phone H _____ W _____				
	Description of Injury																								
	Last Name					First					MI					Address					Phone H _____ W _____				
	Description of Injury																								

For additional injuries submit on separate paper.

IMPORTANT: DESCRIBE HOW ACCIDENT/INCIDENT OCCURRED:

DRAW ROUGH DIAGRAM OF ACCIDENT: Show your car as  ; other car as  as the collision occurred. Show direction and distance traveled before crash by solid line thus: _____. Then at point of crash; third, positions and distance traveled after collision. Show distance and direction traveled after crash by dotted line thus:-----.



I hereby certify that this is a true statement of the facts to the best of my knowledge and belief.

Driver's Signature

Phone #

Date

- ☐ Phone
☐ In Person
☐ Mail

Authorized Supervisor

Phone #

Date